

REQUEST FOR: ISSUE OF A CERTIFIED  
COPY OF MEDICAL RECORDS.

TO: \_\_\_\_\_

MR. \_\_\_\_\_:

\_\_\_\_\_, identified with National Identity Card (DNI) N°  
\_\_\_\_\_; whose address is located at \_\_\_\_\_ District of  
\_\_\_\_\_ Province of \_\_\_\_\_, kindly request before you and state that:

Pursuant to Current Legislation, including, but not limited to, Act 26482 (General Health Act) and Act 29414 (Act establishing the rights of health service users) and pursuant to the Resolution issued by the Ministry R.M. N° 597-2006/MINSA passing the Technical Regulation N°022-MINSA/DGSP-V.02: "Technical Regulation to Request Medical Records"

It is my right to obtain Medical Records, since the date of birth (passive) and current medical records (active).

Pursuant to my guardianship right, I request you to arrange to issue a certified copy of the respective passive and active medical records (or document containing it) of my minor son named \_\_\_\_\_; since it is permitted by the abovementioned legislation and any other current legislation.

It is established the corresponding expenses and those needed to obtain such medical records shall be borne by the requestor.

Finally, we request that, in the event your Entity does not have any or all the requested medical records that you determine which Institution or place we have to ask in order to enforce my right to obtain such required medical records.

**THEREFORE;**

I hereby request you to proceed with my request because it is legal.

La Oroya, \_\_\_\_\_ 201\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_  
National Identity Card (DNI) N° \_\_\_\_\_